

May 12, 1999

Mr. R. P. Powers  
Senior Vice President  
Nuclear Generation Group  
American Electric Power Company  
500 Circle Drive  
Buchanan, MI 49107-1395

SUBJECT: NRC ROUTINE EMERGENCY PREPAREDNESS INSPECTION REPORT  
50-315/99008(DRS); 50-316/99008(DRS)

Dear Mr. Powers:

On April 16, 1999, the NRC completed a routine inspection at your D. C. Cook Units 1 and 2 reactor facilities. The enclosed report presents the results of this inspection.

Areas examined within your emergency preparedness program are identified in the report. Within those areas, the inspection consisted of a selective examination of procedures and representative records, interviews with personnel, and observation of activities in progress. The objective of the inspection effort was to determine whether activities authorized by the license were conducted safely and in accordance with NRC requirements.

During this inspection, our observation of your activities showed the emergency preparedness program to be adequately implemented. Emergency response facilities, equipment, and supplies had been well-maintained, with one exception, maintenance of the Technical Support Center air conditioning units. Management support to the program was evident and key emergency response personnel demonstrated competent knowledge of responsibilities and emergency procedures. You effectively addressed and corrected a number of issues identified during self-assessments and an operator surveillance.

Based on the results of this inspection, the NRC has determined that two violations of NRC requirements occurred. These violations are being treated as Non-Cited Violations (NCVs), consistent with Appendix C of the Enforcement Policy. These NCVs are described in the subject inspection report. If you contest the violation or severity level of these NCVs, you should provide a response within 30 days of the date of this inspection report, with the basis for your denial, to the Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, DC 20555-0001, with copies to the Regional Administrator, Region III, and the Director, Office of Enforcement, United States Nuclear Regulatory Commission, Washington, DC 20555-0001.

In accordance with 10 CFR 2.790 of the Commissions regulations, a copy of this letter, its enclosure, and your response to this letter, if you should choose to respond, will be placed in the NRC Public Document Room.

R. Powers

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We will gladly discuss any questions you have concerning this inspection.

Sincerely,

Original /s/ John A. Grobe

John A. Grobe, Director  
Division of Reactor Safety

Docket Nos. 50-315; 50-316  
License Nos. DPR-58; DPR-74

Enclosure: Inspection Report 50-315/99008(DRS); 50-316/99008(DRS)

cc w/encl: M. Rencheck, Vice President, Nuclear Engineering  
D. Cooper, Plant Manager  
R. Whale, Michigan Public Service Commission  
Michigan Department of Environmental Quality  
Emergency Management Division  
MI Department of State Police  
D. Lochbaum, Union of Concerned Scientists

R. Powers

-2-

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John A. Grobe, Director  
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cc w/encl: A.C. Bakken III, Site Vice President  
M. Rencheck, Vice President, Nuclear Engineering  
D. Cooper, Plant Manager  
R. Whale, Michigan Public Service Commission  
Michigan Department of Environmental Quality  
Emergency Management Division  
MI Department of State Police  
D. Lochbaum, Union of Concerned Scientists

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U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Docket Nos.: 50-315; 50-316  
License Nos.: DPR-58; DPR-74

Report No: 50-315/99008(DRS); 50-316/99008(DRS)

Licensee: American Electric Power Company

Facility: Donald C. Cook Nuclear Generating Plant

Location: 1 Cook Place  
Bridgman, MI 49106

Dates: April 12 - 16, 1999

Inspector: Robert D. Jickling, Emergency Preparedness Analyst

Approved by: Gary L. Shear, Chief, Plant Support Branch  
Division of Reactor Safety

## EXECUTIVE SUMMARY

D. C. Cook, Units 1 and 2  
NRC Inspection Report 50-315/99008(DRS); 50-316/99008(DRS)

This inspection reviewed the Emergency Planning (EP) program, an aspect of Plant Support. The inspector selectively evaluated the quality of the EP program, related audits and reviews, reviewed the effectiveness of management controls, verified the adequacy of emergency response facilities and equipment, reviewed a number of EP training and qualification activities, and followed up on previous inspection findings. This was an announced inspection conducted by a regional inspector.

### Plant Support

- Emergency response facilities were well maintained and in very good material condition, with the exception of the air conditioning units in the TSC. The issue was appropriately identified, tracked, and dispositioned. All emergency equipment demonstrated was verified operable. The prompt alert and notification system sirens were well maintained. Good identification and response was observed for the loss of offsite telephone communications in the EOF. (Section P2)
- C The emergency implementing procedures reviewed were detailed. The Emergency Plan Administrative Tracking System (EPATS) was an adequate method to document, track, and close EP issues. The EPATS was in the process of being replaced by the Electronic Corrective Action Program. (Section P3)
- The overall effectiveness of EP training was adequate. Two Non-Cited Violations were issued related to annual retraining, training drills, and the semi-annual augmentation drill. These issues had been appropriately identified and tracked. Corrective actions were initiated and completed in a timely manner. (Section P5)
- C Management support and attention to the program appeared to be appropriate. Management involvement was indicated with the relocation to a new Emergency Operations Facility and upgrades in the Operations Staging Area. The increased managerial attention and specific objectives for areas of improvement for the EP program appeared to be an affective enhancement. (Section P6)
- C The licensee's 1998 and 1999 EP program audits provided good evaluations of the program. The audit satisfied the requirements of 10 Code of Federal Regulations 50.54(t). The performance assurance audits were of good scope and depth. (Section P7)

## Report Details

### IV. Plant Support

#### **P2 Status of EP Facilities, Equipment, and Resources**

##### **P2.1 Material Condition of Emergency Response Facilities**

###### **a. Inspection Scope (82701)**

The inspector evaluated the material condition of the control room, Technical Support Center (TSC), Operations Staging Area (OSA), the Emergency Operations Facility (EOF), Joint Public Information Center (JPIC), and the mobile counting lab. Field monitoring kits were also inspected. The licensee demonstrated the operability of numerous pieces of emergency response equipment, including radiological survey instruments, dose assessment computers, plant data computer terminals, and various communications equipment.

###### **b. Observations and Findings**

The OSA, TSC and EOF, were normally dedicated facilities. Because of plant restart efforts, these emergency response facilities were being utilized by various personnel. Even with additional personnel working in these facilities, the OSA, and EOF were in a good state of operational readiness. Current Emergency Plan Procedures were readily available and the emergency notification system phone and radios were verified operable in the control room, OSA, TSC, and EOF. Supplies and instruments were checked in all the emergency response facilities and it was verified they were in good condition and operable.

The OSA was well maintained with sufficient supplies available. New carpeting significantly reduced ambient noise in the facility and was an effective upgrade. Status boards were appropriately placed and clearly displayed significant emergency information which included facility staffing and response team tracking. During an operational check of radiation survey equipment, the licensee identified an intermittent malfunction in one instrument. The instrument was immediately removed from service. It was later identified that the licensee had previous problems with the same type of instrument and manufacturer and was in the process of replacing the instruments. A procedure was under revision to allow new instruments to be put in service.

The licensee identified, during an operator surveillance conducted March 19, 1999, that both of the TSC's air conditioning units had been removed from service. Condition Report 99-6079, dated March 19, 1999, identified that "equipment necessary per the Donald C. Cook Nuclear Plant Emergency Plan (Emergency Plan) is non-operational and removed from service." The Emergency Plan, Section 12.3.9.1.4, indicates that the TSC has been constructed to provide the same degree of radiological habitability as the control room under accident conditions.

The air conditioning systems include filters which are designed to maintain the radiological habitability of the facility under postulated emergency conditions. Corrective actions identified included an Action Request and Job Order to fix both units prior to reaching mode 4. A low priority was assigned to this corrective action due to the plant being in cold shut down for an extended period of time and the low safety significance of this issue. The failure to have at least one TSC air conditioning system unit in service or available, as required by the Emergency Plan, was considered a violation of minor significance and is not subject to formal enforcement action.

The new Emergency Operations Facility (EOF) in Buchanan, MI, had ample space for emergency response needs. Emergency Plan Procedures were current, and the emergency notification system phones, dose assessment and plant data computers, telephones, and radios were verified operable. Supplies and instruments were checked and verified to be in good condition and operable. The JPIC, located at the Lake Community College, was easily accessible and also had ample space to handle most emergency response needs. Management involvement was evident in both the relocation of the EOF and actions being taken to upgrade the OSA.

The mobile counting laboratory was in good material condition. Supplies were available in adequate quantities. Procedures reviewed by the inspector were current. Instruments and equipment were functional and calibration dates were current. The licensee started the vehicle and verified that it was functional.

Records for the prompt alert and notification sirens for 1997, 1998, and the first two months of 1999 were reviewed by the inspector. Annual operability for 1997 was 98.84 percent with 97.47 percent for the lowest month's average. The 1998 annual operability average was 98.4 percent with 94.94 percent for the lowest month's average. Siren operability for January and February 1999 was 88.61 percent (due to a severe winter storm) and 92.41 percent, respectively. Siren operability exceeded the annual acceptability limit of greater than or equal to 90 percent.

During the inspection, the EP staff identified that selected plant outgoing telephone lines were unavailable. Investigation by the staff determined that the microwave communications system was being affected by the dense fog. They immediately verified that all emergency response facilities had outgoing communications and found that the EOF's phone lines were also affected. Within a short period of time, the outgoing EOF phone lines were given a higher priority switching to prevent the same problem from recurring. Good identification, assessment, and timely corrective actions were noted for this situation.

c. Conclusions

Emergency response facilities were well maintained and in very good material condition, with the exception of the air conditioning units in the TSC. The issue was appropriately identified, tracked, and dispositioned. All emergency equipment demonstrated was verified operable. The prompt alert and notification system sirens were well maintained. Good identification and response was observed for the loss of offsite telephone communications in the EOF.

### **P3 EP Procedures and Documentation**

#### **a. Inspection Scope (82701)**

The inspector reviewed a selection of licensee emergency plan procedures and emergency plan sections. Also, issues assigned to the EP department for action or correction were reviewed.

#### **b. Observations and Findings**

Emergency Plan Procedure (EPP) PMP 2080 EPP.105, "General Emergency," Revision 4, June 30, 1998, was reviewed by the inspector. The procedure provided instructions to the Site Emergency Coordinator (SEC) for implementing response to a General Emergency. The inspector noted that the procedures and flowchart related to protective action recommendations (PAR) did not allow the inspector to reach a default PAR without conducting a dose projection or having actual survey results from the field. The PAR flowchart included a decision box which stated "projected dose at site boundary is greater than or equal to one rem Total Effective Dose Equivalent or greater than or equal to five rem thyroid Committed Dose Equivalent." If dose projection values or site boundary field radiation values were unavailable, then the inspector was unable to answer yes or no for the decision box.

Upon interviewing two key emergency response organization (ERO) personnel and three senior reactor operators (SRO), the inspector determined that training had provided sufficient instruction that key ERO personnel and SROs were able to use the procedure and flowchart to determine the appropriate default PAR without a dose projection or radiological data available. The EP staff indicated that they would review this procedure to evaluate possible clarification to the PAR sections.

The inspector reviewed the EP group's current program used to identify, track, and close EP issues, the Emergency Plan Administrative Tracking System (EPATS), to determine the range of issues identified and the effectiveness of tracking and disposition. The EPATS was in the process of being replaced by a more comprehensive plant system, the Electronic Corrective Action Program (ECAP). The items reviewed were clearly identified by number and description, responsible persons, assigned and due dates, and item status. Documentation packages for selected items were reviewed and found to be detailed and complete, with trackable issues, status, dates, and closure documentation.

#### **c. Conclusions**

The emergency implementing procedures reviewed were detailed. No significant problems were identified in the procedures or documents reviewed. The EPATS was an adequate method to document, track, and close EP issues. The EPATS was in the process of being replaced by the Electronic Corrective Action Program.

**P5 Staff Training and Qualification in EP**

a. Inspection Scope (82701)

The inspector reviewed various aspects of the licensee's training program. The reviews included interviews with four selected key ERO personnel (a Recovery and Control Manager (RCM), a Site Emergency Coordinator (SEC), a Control Room Communicator, and a TSC SEC). Course critique forms, attendance records, examinations, qualification cards, and the Emergency Response Organizations Phone Directory, Revision 7, dated April 8, 1999, were also reviewed. Respirator and Self-Contained Breathing Apparatus (SCBA) qualifications of plant personnel were evaluated.

b. Observations and Findings

Interviews with four key emergency response personnel indicated a good knowledge of procedures and emergency responsibilities. The RCM and TSC SEC also adequately demonstrated knowledge of the NRC's incident response program. During the interviews, personnel commented on the responsiveness of the EP group and its effective use of drills for training.

In Condition Report OP-99-0871, dated January 12, 1999, the licensee identified that a number of ERO members did not attend annual EP retraining as required by the Emergency Plan, Revision 15, dated March 3, 1998, Section 12.3.15.1, "Exercises, Drills, and Training." Section 12.3.15.1 stated, in part, that "a general employee training program provides the initial training and annual (every 12 months) retraining to employees. Specialized initial training and retraining programs will be provided." The Donald C. Cook Nuclear Plant Training Program Management Plan (TAM), Section 5.06, "Emergency Plan Training," Revision 7, dated July 10, 1997, Part 4.6 of TAM 5.06 stated, in part, that "all personnel assigned to the ERO shall attend continuing training annually. Participation in an Emergency Planning drill and satisfactory completion of classroom continuing training shall satisfy the requirement for annual training. A 90-day "grace period" shall apply to the annual continuing training requirement." Thirteen of the identified individuals had not been retrained within the 12 months and 90 days grace period, but were listed on the Emergency Response Organizations Phone Directory call out list.

A Supervisor was assigned to the EP department during the fourth quarter of 1998 to provide increased managerial attention to the program, with specific objectives identified to improve the EP training program. The objectives included assessing the ERO training program for adequacy; ensuring the ERO training is completed as scheduled; and ensuring ERO qualifications are maintained, documented, and tracked. Immediate corrective actions included removing these 13 ERO members from the Emergency Response Organization Phone Directory call out list and conducting retraining, which was completed on February 17, 1999. To prevent this from recurring, the EP staff changed the ERO tracking process to a program identified as "ACCESS." The ACCESS program more effectively identified ERO requirements and training dates. These corrective actions were timely and appeared to be appropriate to correct this problem as well as prevent possible recurrence.

The inspector reviewed the ERO training records tracking program and compared them with the Emergency Response Organization Phone Directory to verify ERO personnel listed on the call out list were qualified. All ERO personnel reviewed were currently qualified for their emergency response positions, with the exception of 41 individuals. The licensee had identified that 41 ERO personnel had not participated in an annual EP drill as required by the Emergency Plan and the TAM, Section 5.06, "Emergency Plan Training," Revision 7, dated July 10, 1997. Part 4.6 of TAM 5.06 stated, in part, that "all personnel assigned to the ERO shall attend continuing training annually. Participation in an Emergency Planning drill and satisfactory completion of classroom continuing training shall satisfy the requirement for annual training." The EP staff identified that plant management had requested cancellation of the scheduled EP drills the later part of 1998 due to the condition of the plant, long working hours, and heavy workloads.

Corrective actions taken by the EP staff included discussions for qualifying these personnel during the next drill, scheduled for May 25, 1999, and evaluating changing the procedure to remove the requirement of an annual drill in addition to the annual classroom training. The addition of the EP Supervisor for increased managerial attention of the program and identification of specific objectives for areas of improvement were part of the identification and corrective action process for this issue. These corrective actions appeared appropriate to correct this problem.

The failure of the 13 ERO members to attend annual retraining within 12 months and the 90 day grace period, and the failure of 41 ERO personnel to participate in an annual EP drill for annual training as stated in TAM 5.06 was a violation of 10 Code of Federal Regulations (CFR) 50.54 (q), "Conditions of Licenses." This Severity Level IV Violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. The violation was in the licensee's corrective action program. (NCV 50-315;316/99008-01(DRS))

Review of respirator and SCBA qualifications documentation provided the following information:

<b>Respirator/ SCBA Qualifications</b>				
DEPARTMENT	NUMBER OF INDIVIDUALS	TRAINING/MEDICAL QUALIFIED	RESPIRATOR QUALIFIED	SCBA QUALIFIED
Radiation Protection	68	60 / 60	60	59
Operations	111	110 / 111	98	107
Instrument and Control	39	32 / 32	32	31
Electrical Maintenance	35	25 / 25	25	25
Mechanical Maintenance	28	28 / 28	28	28
Chemistry	41	29 / 29	29	29
Welders	12	12 / 11	8	12

NRC Information Notice 98-20, "Problems with Emergency Preparedness Respiratory Protection Programs," was issued June 3, 1998. This information notice alerted licensees to multiple generic weaknesses in respiratory protection programs supporting emergency preparedness. Respiratory protection qualifications included three parts; respiratory training, medical testing, and a mask fit. The numbers above represented the current respiratory qualifications by department. This review indicated that there appears to be sufficient respirator and SCBA qualified personnel to respond in the event of an emergency. Discussion indicated that licensee personnel were aware of the information notice, and had evaluated its information.

The inspector reviewed records for the semi-annual augmentation drills. The Emergency Plan, Section 12.3.15.1.10, Revision 16, dated March 3, 1998, states in part "that off hours shift augmentation drills ensure that the goals of the identified augmentation staffing are being met. These drills are to be conducted semi-annually and one drill per calendar year may be tested by ensuring that communications are established and using the average time that an individual required in travel time to the plant (notification drill), will meet the goals established herein." A notification drill was conducted on June 29, 1998, at 8:30 p.m. The licensee identified that the EOF had three minimum staff positions that would not have been staffed within 60 minutes. On July 16, 1998, an off-hours semiannual drill for the EOF was re-performed and all minimum staff personnel responded within the required times.

The licensee identified that a 1998 second half off-hour augmentation drill was not conducted because of a request from management to cancel the scheduled, actual facility response, off-hour augmentation drill due to the condition of the plant, long working hours, and heavy workloads. The safety significance of not conducting the drill was low due the extended cold shutdown condition of the plant. Corrective actions included discussions with the EP staff regarding resumption of augmentation drills during the first half of 1999. The addition of the EP Supervisor for increased managerial attention of the program and identification of specific objectives for areas of improvement for the EP program were part of the identification and corrective action process for this issue. Corrective actions for this issue appeared appropriate to correct this problem.

The failure to conduct the 1998 second half off-hour shift augmentation drill as stated in the Emergency Plan Section 12.3.15.1.10, was a violation of 10 Code of Federal Regulations (CFR) 50.54 (q), "Conditions of Licenses." This Severity Level IV Violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. The violation was in the licensee's corrective action program. (NCV 50-15;316/99008-02(DRS))

c. Conclusions

The overall effectiveness of the EP training was adequate. Training files were organized and complete. Personnel listed on the ERO Telephone Directory call-out list were qualified for their emergency response positions except for those self-identified by the licensee as lacking training. Emergency response organization personnel respiratory qualifications were being appropriately tracked and no problems were noted. Identified issues related to ERO members annual retraining, EP training drills, and the semi-annual augmentation drill were appropriately identified, tracked, corrective actions were initiated and completed in a timely manner. The increased managerial attention

and specific objectives for areas of improvement for the EP program appeared to be effective.

**P6 EP Organization and Administration**

Changes have been made to the EP organization since the last inspection. Also, an EP Supervisor was assigned to the department during the fourth quarter of 1998 to provide increased managerial attention to the program. Specific objectives had been identified for the EP program which included ensuring the TSC is available to support emergency response functions; assessing the ERO training program for adequacy; ensuring ERO training is completed; and ensuring ERO qualifications are maintained, documented, and tracked. The two EP Coordinators currently reported to the new EP Supervisor. Also, two additional EP Coordinators and one clerk position had been approved by management and candidate interviews were in process. A Director of Business Services was also added to the EP program reporting chain for additional support and attention. Additionally, specific problems, objectives, and actions have been identified to management to improve and enhance the program. Current management support and attention appeared to be appropriate for the program.

**P7 Quality Assurance in EP Activities**

a. Inspection Scope (82701)

The inspector reviewed the Performance Assurance Audit PA-98-05, dated March 3, 1998 and the Performance Assurance Audit PA-99-01, dated April 5, 1999.

b. Observations and Findings

During the period of February 2 to March 3, 1998, a Performance Assurance Audit of the EP program's administrative controls was performed. The audit was performed to assess the adequacy and implementation of administrative controls and requirements including the requirements of 10 CFR 50.54(t). The audit contained a review of ERO training qualifications to verify that the personnel reviewed were adequately trained for emergency response. Emergency Response Facilities were toured and communications, data collection, display, and radiation monitoring equipment were verified to be available. Documentation reviewed by the auditors for the Annual Medical Drill, Semi-Annual Health Physics drills, Off hours Shift Augmentation Drills, and 1997 Dress Rehearsal drills verified that the scenarios, PARs, and actions taken during the drills were adequate. Interviews were conducted with Berrien County Emergency Planning Management, Michigan State Police, Medic One Ambulance Service, Lakeland Medical Centers (St. Joseph and Niles) which verified the effectiveness of offsite interfaces which was required by 10 CFR 50.54(t).

Three deviations were noted during this audit: (1) five non-qualified ERO members were listed on the call out list; (2) a procedure inconsistency identified a required minimum

staffing member as second priority personnel; and (3) incomplete inventory of thermoluminescent (TLD) devices in the EOF and check sources at the medical centers. Condition reports were initiated; adequate corrective action had been taken for each item.

During the period of February 1, 1999 to April 5, 1999, a Performance Assurance audit of Emergency Planning and Preparedness was performed. The audit was conducted to meet 10 CFR 50.54 (t) requirements. This report identified that Emergency Plan implementation was generally effective, however, six deviations were noted. Condition reports were issued during the audit that indicated ineffectiveness in the administrative area. Administrative problems contributed to a decline in performance and warranted additional management attention to ensure improvements were made to the program. Problems identified as needing correction included scheduling of drills, ERO call-out list maintenance, Emergency Plan maintenance, EP activities documentation, and the self assessment process.

The corrective actions in progress included an update of the Emergency Plan activities timetable for annual, semi-annual, quarterly, and monthly program activities for 1999 and 2000, ensuring that the required drills were conducted, and addition of the Emergency Plan to the plant's restart plan. This addition mandated performance of functional area assessment and self evaluation, and increased managerial attention including specific objectives for areas of improvement in the EP program. These issues were still in process.

c. Conclusions

The licensee's 1998 and 1999 EP program audits provided good evaluation of the program. The audit satisfied the requirements of 10 CFR 50.54(t) to evaluate and document the adequacy of offsite interface with the State and local agencies. The performance assurance audits were critical and of good scope and depth. Identified issues were appropriately identified, tracked, effectively corrected and for the 1998 issues, closed in a timely manner. Issues identified during the 1999 audit were still in the process of being corrected.

## **V. Management Meetings**

### **X1 Exit Meeting Summary**

The inspector presented the inspection results to members of licensee management at the conclusion of the inspection on April 16, 1999. The licensee acknowledged the findings presented.

The inspector asked the licensee whether any materials examined during the inspection should be considered proprietary. No proprietary information was identified.

## **PARTIAL LIST OF PERSONS CONTACTED**

### Licensee

J. Arias, Compliance Manager  
C. Bakken, Site Vice President  
D. Kosloff, Regulatory Compliance Engineer  
R. Krieger, Emergency Preparedness Coordinator  
D. Loope, Emergency Preparedness Supervisor  
M. Marano, Business Services Director  
J. Smith, Emergency Preparedness Coordinator  
K. Van Dyne, Regulatory Compliance Engineer

### NRC

B. Bartlett, Senior Residents Inspector  
B. Fuller, Resident Inspector  
T. Vogel, Chief, Projects Branch 6

## **INSPECTION PROCEDURES USED**

IP 82701: Operational Status of the Emergency Preparedness Program

## ITEMS OPENED, CLOSED, AND DISCUSSED

### Opened

50-315;316/99008-01	NCV	Failure to attend annual retraining and participate in annual drill
50-315;316/99008-02	NCV	Failure to conduct augmentation drill

### Closed

50-315;316/99008-01	NCV	Failure to attend annual retraining and participate in annual drill
50-315;316/99008-02	NCV	Failure to conduct augmentation drill

### Discussed

None

## **LIST OF ACRONYMS USED**

CFR	Code of Federal Regulations
DRS	Division of Reactor Safety
ECAP	Electronic Corrective Action Program
EOF	Emergency Operations Facility
EP	Emergency Planning
EPATS	Emergency Plan Administrative Tracking System
EPP	Emergency Plan Procedures
ERO	Emergency Response Organization
JPIC	Joint Public Information Center
NCV	Non-Cited Violation
OSA	Operations Staging Area
PAR	Protective Action Recommendation
RCM	Recovery and Control Manager
SCBA	Self-Contained Breathing Apparatus
SEC	Site Emergency Coordinator
SRO	Senior Reactor Operator
TAM	Training Program Management Plan
TLD	Thermo-luminescent Devices
TSC	Technical Support Center